

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012679

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

XC-19 320 359 1003 27942

Primary Registration District No.

1003

Registrar's No.

3684

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

Registration District No.

FILED APR 12 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN 915 N. Grand, St. Louis, Mo.

Length of stay in 1b

31 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VET. ADM. HOSPITALInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY

c. CITY  
OR  
TOWN Herrin

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

708 S. 11th St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

CECIL

Middle

W.

Last

GILKEY

4. DATE  
OF  
DEATH

Month

April

Day

8

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4/9/01

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dry Cleaner

10b. KIND OF BUSINESS OR INDUSTRY

Modern Laundry

11. BIRTHPLACE (City and state or country)

Cobb, Kentucky

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Edwin Gilkey

13b. MOTHER'S MAIDEN NAME

Serina Woodburn

14. NAME OF HUSBAND OR WIFE

Mildred Gilkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mildred Gilkey (Wife), Same add. as 2.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of ascending colon with metastasis to liver.

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

1530

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

VA

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/8/62 to 4/8/62 and last saw him alive on 4/8/62

Death occurred at 5:10 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or wife)

WILLIAM A. BURKE

M. D.

22b. ADDRESS

VA Hospital, St. Louis, Mo.

22c. DATE SIGNED

4/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-8-62

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Herrin, Ill.

24. FUNERAL DIRECTOR

ADDRESS

John A. Ogonoski East St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.

APR 9 1962

26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Not Embalmed*  
*John A. Agnew*  
\_\_\_\_\_  
Licensed Embalmer No. *3398*

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.